

**cysteamine delayed-release capsules (PROCYSBI)**

**Diagnosis Considered for Coverage:**

- Nephropathic cystinosis

**Coverage Criteria:**

**For diagnosis listed above:**

- Inadequate response or intolerance to Cystagon, **and**
- Dose does not exceed FDA approved dosing

**Coverage Duration:** one year

**References:**

1. Procysbi [package insert]. Deerfield, IL: Horizon Therapeutics USA, Inc.; February 2022

Effective Date: 11/02/2023